



NEW MEMBER REGISTRATION FORM

Child's Name: _____ Birth Date: _____

Grade (for year registering): _____ School: _____

Parent(s) Name: _____

Please be sure to enclose all items requested.

- Parent/Guardian Deposit (\$200.00, refundable according to terms outlined in the Parent/Guardian Agreement).
- Annual Membership Fee (\$25.00 non-refundable fee payable each year, converted from waitlist fee if applicable).
- Deposit to September fees (\$100.00 dated at the time of registration).

Or:

- For families applying for MCFD Child Care Subsidy:
Please contact our office for fees and Caregiver Information Form.
- Registration Form.
- Signed Emergency Card and Registration Card.
- Signed Parent/Guardian Agreement.
- Signed Permission to Share Information Form.
- Signed Pre-authorized Debit Agreement Form (September - June).
- Has your child received, or is receiving, support to aid their inclusion in a childcare &/or school program? Yes ____ No ____
- Days of Registration:

- Date starting: _____

Thank you for your cooperation. We look forward to the fun-filled year ahead!

OFFICE USE ONLY

M/F	
P/D	
S/D	
SEPT	
OCT	
NOV	
DEC	
WINTER BREAK	
JAN	
FEB	
MAR	
SPRING BREAK	
APR	
MAY	
JUN	
SUMMER BREAK	
Week 1	
Week 2	
Week 3	
Week 4	
Week 5	
Week 6	
Week 7	
Week 8	
Week 9	
JUL	
AUG	

**CHILD CARE
EMERGENCY CONSENT FORM**

Please attach
child's photo
to this form.

CHILD'S NAME: _____ BIRTHDATE: _____

SURNAME FIRST NAME(S) YEAR/MONTH/DAY

ADDRESS: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

PARENT'S NAME: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ CELL PHONE: _____ PHONE: _____

OUT OF TOWN CONTACT: _____ PHONE: _____

CHILD'S DOCTOR: _____ PHONE: _____

DATE OF MOST RECENT TETANUS SHOT: _____

ALLERGIES / MEDICATIONS: _____

CHILD'S DENTIST: _____ PHONE: _____

PERSONAL HEALTH NUMBER _____

CONSENT

- 1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child _____ to be taken to the nearest emergency centre when I cannot be contacted.
- 4) I hereby give consent for my child named above to receive medical treatment.

_____ DATE

_____ SIGNATURE OF PARENT / GUARDIAN

_____ WITNESS

Name of Facility: _____

CHILD START DATE: ____/____/____
DD MM YY

DATE OF BIRTH:

____/____/____
YY MM DD

SEX:

M ____ F ____ Other ____

NAME OF CHILD: _____
(Surname) (Given Names) (Also Known As)

Name the Child responds to: _____

Address: _____

Postal code: _____ Phone: _____

Person(s) with whom the child lives (adults and children): _____

Child's first language: _____ Other languages: _____

Parent(s) / guardian(s):

Name: _____ Home phone: _____ Cell phone: _____

Work phone: _____ Days/hours of work: _____ E-mail: _____

Name: _____ Home phone: _____ Cell phone: _____

Work phone: _____ Days/hours of work: _____ E-mail: _____

Person(s) authorized to pick up the child and be contacted in case of emergency. These people should be available during hours of care. (include mother / father / guardian):

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

If appropriate, list an English speaking contact:

Name: _____ Phone: _____

Has the child previously attended daycare/preschool?

YES NO Comments: _____

Comments/instructions to help us care for your child. (Please feel free to add additional pages.):

Toileting/Diapering (special words): _____

Rest Time (special comfort – toy/blanket): _____

Eating/Mealtime (include food likes/dislikes): _____

Fears: _____

Please tell us anything else you think will help us provide an enriching experience for your child: _____

HEALTH INFORMATION

Health professionals involved with your child (other than doctor and dentist):

NAME	PROFESSION/AGENCY	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have:

A medical condition/concern? YES NO
If yes, please provide further information: _____

Allergies? YES NO
If yes, please provide further information: _____

Asthma? YES NO
If yes, please provide further information: _____

Has your child had a seizure in the past year? YES NO
If yes, please provide further information: _____

Does your child require a special diet related to a medical condition? YES NO
If yes, please provide further information: _____

Food sensitivities? YES NO
If yes, please provide further information: _____

List all prescription and “over the counter” medications your child receives:

Medication	Times Given	Reason for Medication
_____	_____	_____
_____	_____	_____

You may be asked to complete additional forms if you answered yes to any of the above.

This health information may be made available to the staff of Vancouver Coastal Health.

Custody Agreement YES <input type="checkbox"/> N/A <input type="checkbox"/>	Provided to Facility YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Immunization Documents Returned to Facility YES <input type="checkbox"/> NO <input type="checkbox"/>	
Information Provided By: _____	_____
DATE: ____/____/____ YY MM DD	Print Name Signature
Information Received By: _____	_____
DATE: ____/____/____ YY MM DD	Print Name Signature

Office Use Only
Date Child Leaves the Facility: DATE: ____/____/____ YY MM DD



PARENT/GUARDIAN AGREEMENT

(updated September 2016)

We have provided 2 copies of this agreement. Please read carefully and sign and date both copies. One copy will be kept in your child's file, the other is for your own records. All parents/guardians of children enrolled at Jericho Kids' Club are considered to be members unless excluded by court documents.

Jericho Kids' Club Child Care Society is a non-profit organization that provides licensed child care for children 5 through 12 years of age. This Agreement encompasses the terms of the parent/guardian responsibilities necessary for Jericho Kids' Club to provide this service. Fees and policies are established by the Parent Advisory Committee. The following regulations apply to all programs within Jericho Kids' Club. Conditions may change from time to time. As a parent/guardian at Jericho Kids' Club, I accept, understand and agree to the following conditions of enrollment:

A. Financial

- (1) That there is a \$200.00 parent/guardian deposit to be paid at time of the initial registration. This will be refunded without interest after withdrawal if the obligations outlined in (7)(8) are met. Deposits not asked for 18 months after the termination of registration will be deemed to have been a donation to Jericho Kids' Club. There is a non-refundable \$25.00 annual membership fee to be paid each September or at the time of registration.
- (2) Please note, if your child is attending a school other than our host sites the following policy will apply:
The parent/guardian deposit will be equal to the regular cost of one month registration. All pre-authorized debit payments must be authorized for the 1st or 15th day of each month. All other policies in this agreement will apply.
 - My child(ren)'s monthly child care fee shall be paid by pre-authorized payment from October through June. September deposits and fees for Winter, Spring and Summer care shall be paid by cheque. There will be a \$15 charge for any payment rejected by the bank.
 - Fees are due on the first of the month. My child will not be considered registered at Jericho Kids' Club unless payments have been issued. Where this is not feasible, I will contact the Executive Director, to request, in writing, alternate arrangements for the payment of fees. I will provide a current subsidy form if applicable, plus payments for the balance of the monthly fee.
 - Fees for full days of care during Summer, Winter Break, Spring Break and District Closure Week are in addition to the regular monthly fee and will be set annually. Monthly fees take these periods into account and are averaged out and equalized from Sept.- June.
 - All monthly fees include professional days and district closure days that fall on a day that your child is regularly registered.
- (3) If I am unable to meet any of the requirements as outlined in previous steps I will contact the Executive Director immediately to make alternate written arrangements.
- (4) That if I have not contacted the Executive Director within 4 business days of my scheduled payment a \$10.00 late payment will be applied to the amount owing.
- (5) That continued late payments (without contact with the Executive Director), missed payments, or if fees are in arrears beyond 2 months, we reserve the right to terminate services.
- (6) That it is my responsibility to know when fees need to be paid need subsidy forms renewed.

- (7) That to decrease or terminate the number of hours my child(ren) will require care, I will give one month **written** notice on or before the last calendar day of the month prior to my child(ren)'s final month of enrollment. (e.g. if you would like to decrease or terminate child care hours effective May 1st, notice of this change or termination must be received on or before March 31st) If the change is to be effective mid month (ie... May 15) notice is still required on or before the last calendar day of the month prior to my child(ren)'s final full month of enrollment (as in the above example... March 31st). If the required notice is not given then I will pay one month fee in lieu of notice. **Please note:** In order to be eligible for current member re-registration for the following year registration must be maintained through June.
- (8) That in order for my child(ren) to attend on a day he/she/they are not regularly scheduled for, I will complete and return the drop-in form and the required payment prior to the date the drop-in is intended. Cancellation of a registered drop - in must be received 36 hours prior to the intended date in order to receive a refund (e.g. if a drop-in is scheduled for Friday, cancellation must be received by Wednesday at 6:00 p.m.).
- (9) That official receipts for child care fees will be issued at the end of January. Requests for additional receipting may be subject to administration fees.
- (10) That Jericho Kids' Club is unable to give refunds if your child is absent. In order to reserve my child's child care space, the full fees must be paid for any period of time in which my child is away from the center, including vacation, sickness or other absence. Our staffing and operational expenses are arranged on the basis of our enrollment levels and must be met on a continuing basis. Few of the operating costs of the facility are eliminated when a child is absent. To assure that we can provide the highest quality of services, we are fully prepared for each child each day whether the child attends or not.
- (11) In the event that Jericho Kids' Club is not able to operate at any of its regular locations due to issues out of its control (labour disruption, natural disaster, safety concerns etc.), attempts will be made to operate a full or modified program at alternate locations.
If alternate programming is available, fees for additional hours of care may be charged. If Jericho Kids' Club is unable to operate, the following refund policies will be in effect:
 - 1. There will be no refunds if the closure is limited to 2 days.
 - 2. Thereafter, refunds of the parent portion of the fee will be given for non-operational days, based on the actual daily rate for the level of registration (daily rates will be calculated based on 20 days per month for full -time).

B. Children's Records

- (1) That I consent to the collection, use and disclosure of personal information on a "need to know" basis for the sole purpose of the operation of Jericho Kids' Club.
- (2) That I have completed and will keep updated the following:
 - (i) Registration & Health Form
 - (ii) Emergency/Field Trip Consent Card
 - (iii) Immunization Record
- (3) That I have listed below all names of persons who are legally restricted in access/contact with my child due to a Court Order/Separation Agreement.

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

A copy of the relevant Court Order or Separation Agreement must be attached and any changes filed with Jericho Kids' Club immediately.

C. Health & Safety

- (1) That to attend the center, my child must be well enough to participate in all aspects of the program including outdoor play.
- (2) That I will advise the staff of any changes in my child's health and update any records immediately upon any changes occurring.
- (3) That in order to safeguard the health and well being of all children, I understand that the supervisor has the right to exclude my child from the center and I will provide, upon the supervisor's request, written medical clearance from a physician before my child is re-admitted.
- (4) That only medication, prescribed or recommended for my child in writing by a physician and provided in its original packaging with full instructions and precautions, will be administered to my child by center staff. The center staff will only administer the medication in the event that I have completed a "Permission to Administer Medication" form and have provided this form to staff.
- (5) That I will sign my child out each day on the Sign In/Out sheet posted in the center.
- (6) That I will notify center staff in writing if someone other than those persons authorized by me on the Emergency Consent card will be picking up my child.
- (7) That I will phone to notify center staff when my child will be absent from the center.
- (8) That if, after a half an hour (1/2) hour from center closing time, the staff has been unable to make contact with me or the designated emergency contacts, in accordance with licensing regulations, the Emergency Care Office at the Ministry of Children and Families will be notified. They will deal with the situation accordingly. Their number is 660-4927.
- (9) That photos and video recordings may be taken of my child as they take part in center activities throughout the year.

D. Scheduling

- (1) Jericho Kids' Club is open from Monday to Friday from 7:30am to 6:00pm. **Please note:** Due to school board restrictions our **Southlands** location closes at 5:45 pm I will abide by the center's hours of operation and, if I exceed the hours the center is open, will pay an overtime fine of \$10.00 for the first 15 minutes and \$1.00 for every minute following. This amount is due and payable to the staff person on duty.
- (3) That, during school holiday periods, Jericho Kids' Club at General Gordon School, Bayview School and Southlands School may amalgamate and operate at Bayview and/or General Gordon School.
- (4) That Jericho Kids' Club will be closed for the following days: New Year's Day, Good Friday, Easter Monday, Victoria Day, Canada Day, BC Day, Labour Day, Thanksgiving Day, Remembrance Day, Christmas Eve, Christmas Day, Boxing Day and the days between Christmas Eve and New Year's Day.

E. Family Involvement

- (1) That I will take an active interest in Jericho Kids' Club by participating in parent meetings, annual general meetings, fund raising events and general work parties.

Signature for Jericho Kids' Club

Date: _____

Signature of Parent(s)/Guardian(s)

Date: _____



PERMISSION TO SHARE INFORMATION

Child's Name: _____

School: _____

When necessary, we find it useful to speak with classroom teachers and other school personnel regarding your child. With your permission, we will carry out such communication for your child's benefit only. We will get information in order to gain a better understanding of your child's needs and behaviours as well as ideas for guidance. Any information obtained in the course of this communication will be treated as strictly confidential.

For the school year beginning in September _____, and continuing for the duration of my child's registration at JKC, I grant permission for JKC staff to consult with my child's teacher(s) and school personnel in the manner described above.

Parent Signature: _____

Date: _____



Pre-authorized Debit (PAD) Agreement

1. Payor Information (Please print clearly)

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

2. Bank Account Information (or attach a void cheque)

Payor Account Number: Maximum Debit Amount: \$ _____

Branch Transit Number:

Financial Institution Number: Chequing Savings

Financial Institution: Name _____

Branch Address _____

Transaction Date: From: ____/____/____ To: Child's Termination Date OR To: ____/____/____
mm dd yyyy mm dd yyyy

3. Pre-Authorized Debit (PAD) Details

I/We authorize Jericho Kids' Club Child Care Society (JKC) and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our JKC account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the ____ day of each month. These services are for (check one) ____ personal or ____ business purposes.

JKC will obtain my/our authorization for any other one-time or sporadic debits and provide me with written notice 10 calendar days prior to any debits. This authority is to remain in effect until JKC has received written notification from me/us of its change or termination. This notification must be received at least thirty 30 calendar days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

In the case of variable amount PADs, JKC will provide 10 days written notice prior to any changes in the fees and/or its schedule.

I/We agree that should my payment not clear for any reason, the PAD will re-try within 5 days and a \$15 NSF fee will be charged for this service.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

I/We understand and accept the terms of participating in this PAD plan.

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Name (Please print)

Date

Date

When the form is complete, submit to:

Jericho Kids' Club Child Care Society
2251 Collingwood Street
Vancouver, British Columbia V6R 3L1
Tel: (604)736-4080 Fax: (604) 736-4043
E-mail: info@jerichokidsclub.com